

**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD USING A GLOBAL SERVER FOR PROVIDING PATIENT MEDICAL HISTORIES TO ASSIST IN THE DELIVERY OF EMERGENCY MEDICAL SERVICES**

the specification of which

(check one) ☒ is attached hereto  
☐ was filed on \_\_\_\_\_ as Application Serial No: \_\_\_\_\_  
 and was amended on (if applicable) \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a) - (d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR FILED)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR FILED)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim that the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(APPLICATION SERIAL NO.)	(FILING DATE)	(STATUS) (PATENTED, PENDING, ABANDONED)
_____	_____	_____
(APPLICATION SERIAL NO.)	(FILING DATE)	(STATUS) (PATENTED, PENDING, ABANDONED)
_____	_____	_____

If more space is needed for any of the above categories, please continue on an additional form and SIGN.

I HEREBY APPOINT THE FOLLOWING AS MY ATTORNEY OR AGENT(S) WITH FULL POWER OF SUBSTITUTION TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT OFFICE CONNECTED THEREWITH:

Name	Reg. No.	Name	Reg. No.	Name	Reg. No.
<b>Robert K. Tendler</b>	<b>24,581</b>				

SEND CORRESPONDENCE TO:

NAME	PHONE NO.	STREET	CITY & STATE	ZIP CODE
<b>Robert K. Tendler</b>	<b>(617) 723-7268</b>	<b>65 Atlantic Avenue</b>	<b>Boston, MA</b>	<b>02110</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: A. Christian Tahan

Inventor's Signature: A. Christian Tahan Date: February 15, 2001

Residence: Revere, Massachusetts Country of Citizenship: U.S.A.

Mailing Address: 1765 Northshore Road, Suite 3, Revere, Massachusetts 02151

Applicant or Patentee: A. Christian Tahan Attorney's Docket No.: XWRLD-102

Serial No. or Patent No.: \_\_\_\_\_

Filed or Issued-On Even Date Herewith \_\_\_\_\_

For: METHOD USING A GLOBAL SERVER FOR PROVIDING PATIENT MEDICAL HISTORIES TO ASSIST IN THE DELIVERY OF EMERGENCY MEDICAL SERVICES

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS**

**(37 CFR 1.9 (f) AND 1.27 (b) ) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled METHOD USING A GLOBAL SERVER FOR PROVIDING PATIENT MEDICAL HISTORIES TO ASSIST IN THE DELIVERY OF EMERGENCY MEDICAL SERVICES described in

( ☒ ) the specification filed herewith

( ☐ ) application serial no. \_\_\_\_\_, filed \_\_\_\_\_

( ☐ ) patent no. \_\_\_\_\_, issued \_\_\_\_\_

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights to the invention is listed below:

( ☒ ) no such person, concern, or organization

( ☐ ) persons, concerns, or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

( ☐ ) Individual ( ☐ ) Small Business Concern ( ☐ ) Nonprofit Organization

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

( ☐ ) Individual ( ☐ ) Small Business Concern ( ☐ ) Nonprofit Organization

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

( ☐ ) Individual ( ☐ ) Small Business Concern ( ☐ ) Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b) )

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 19 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Inventor: A. Christian Tahan Signature of Inventor: A. Christian Tahan Date: 02/15/01

Name of Inventor: \_\_\_\_\_ Signature of Inventor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Inventor: \_\_\_\_\_ Signature of Inventor: \_\_\_\_\_ Date: \_\_\_\_\_